

Vaccine coverage provided for children 0 - 18 years of age.							
	No Insurance ¹	Medicaid Package A	Medicaid Package C	American Indian or Alaskan Native	Limited Insurance		Insured
Definition	A child, 0 thru 18 years of age, who does <u>not</u> have health insurance.	A child, 0 thru 18 years of age, who has Medicaid Package A or Hoosier Healthwise. The parent does not pay a premium for the insurance.	A child, 0 thru 18 years of age, who has Medicaid Package C. The parent pays a premium for the insurance.	A child, 0 thru 18 years of age, who identifies as an American Indian or Alaskan Native regardless of insurance.	A child, 0 thru 18 years of age, who has health insurance, but the health insurance does not pay for vaccine coverage or the parent does not know if the insurance pays for vaccine coverage.		A child, 0 thru 18 years of age, who has health insurance which provides coverage for vaccines.
Location to obtain vaccine	Any Vaccine for Children (VFC) Provider	Any VFC Provider	Any VFC Provider	Any VFC Provider	<ul style="list-style-type: none"> Federally Qualified Health Center (FQHC) Rural Health Center (RHC) Local Health Departments with a signed Delegation of Authority (DOA) 	<ul style="list-style-type: none"> Any VFC Private Provider who has been pre-approved to use State Funded Vaccine.² Local Health Departments who do not have a Delegation of Authority 	<p>Insured children should obtain vaccinations from their medical home or a private provider who carries private vaccine stock and bills insurance companies for vaccinations.</p> <p>Local Health Departments ONLY may vaccinate these children when it has been determined there is limited private vaccine availability in the county.</p>
CHIRP Marking	Uninsured	Medicaid	Hoosier Hwise Pkg C	Nat. Amer. or Alaskan	Underinsured	Ineligible	Ineligible
Available Vaccine	Any vaccine available through VFC	Any vaccine available through VFC	Any vaccine available through VFC	Any vaccine available through VFC	Any vaccine available through the VFC program	Any vaccine available through the VFC program.* *Currently HPV will only be offered under this funding source through June 2009	
Funding	VFC	VFC	VFC	VFC	VFC	<ul style="list-style-type: none"> Funding source is limited Federal 317 and State Funded monies will be used to provide vaccine coverage for these children When funding is exhausted, these children will not be eligible for vaccine until additional funding is secured 	

¹For specific information on VFC eligibility please visit: <http://www.cdc.gov/vaccines/programs/vfc/providers>

²To apply for State Funded vaccine please send a fax indicating your VFC Pin number, the fact you want to access state funded vaccine, and that you use CHIRP for Inventory Management. Attach to the fax a copy of your VFC Accountability Report for the previous month printed out of CHIRP (check: Include VFC Ineligible Vaccinations for both age groups and Display Totals Only). Fax to: (317) 233-3719.

Vaccine coverage for adults 19 years and older at Local Health Departments (LHD). Adults needing travel vaccines should be referred to Travel Vaccine Clinics when possible. ISDH may implement other initiatives for specific populations or facilities that will have specific coverage identified outside of this list.

	Eligibility	Location to obtain vaccine	CHIRP Marking	Funding Source
Tdap	<ul style="list-style-type: none"> Family members or caregivers of a child under 12 months Healthcare and daycare workers who provide care to infants Any adult student who is required to have the vaccine for school or post-secondary school requirements 	<ul style="list-style-type: none"> Local Health Department 	Ineligible	<ul style="list-style-type: none"> Funding is limited. Both Federal 317 and a small portion of State Funded monies will be used to provide vaccine coverage When funding is exhausted adults in these categories will not be eligible for vaccine until additional funding is secured.
Hep B	<ul style="list-style-type: none"> Any adult student who is required to have the vaccine for school or post-secondary school requirements Any adult with clotting factor disorders, receiving dialysis, has chronic liver disease, or is awaiting a liver transplant Household and sexual contacts of hepatitis B surface antigen positive women Men who have sex with men Any adult who uses illegal drugs Any adult client of a Sexually Transmitted Disease (STD) clinic 	<ul style="list-style-type: none"> Local Health Department 	Ineligible	
Combination Hep A/B	<ul style="list-style-type: none"> Anyone with indications for hepatitis A and/or hepatitis B vaccines 	<ul style="list-style-type: none"> Local Health Department 	Ineligible	
Hep A	<ul style="list-style-type: none"> Any adult with clotting factor disorders, receiving dialysis, has chronic liver disease, or is awaiting a liver transplant Hepatitis B surface antigen positive women Household and sexual contacts of hepatitis B surface antigen positive women Men who have sex with men Any adult who uses illegal drugs Any adult client of a Sexually Transmitted Disease (STD) clinic 	<ul style="list-style-type: none"> Local Health Department 	Ineligible	
MMR	<ul style="list-style-type: none"> Any adult student who is required to have the vaccine for school or post-secondary school requirements 	<ul style="list-style-type: none"> Local Health Department 	Ineligible	
Varicella	<ul style="list-style-type: none"> Any adult covered under the <u>Indiana Varicella Outbreak Control Policy (IV-04)</u> Any student required to have the vaccine for school or post-secondary school requirements 	<ul style="list-style-type: none"> Local Health Department 	Ineligible	
MCV4	<ul style="list-style-type: none"> Any adult student who is living in a university or college dorm for the first time (available for the 1st year of dorm residence only) 	<ul style="list-style-type: none"> Local Health Department 	Ineligible	